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APPLICANTS

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** CONTINUING DATA ***** NO, *6/26/07*

** FOREIGN APPLICATIONS ***** NO, *6/26/07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 14	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged *J. Michael Martinez* Examiner's Signature *J. Michael Martinez* Initials

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TITLE

Occlusion clip and method of applying same

FILING FEE RECEIVED 1059	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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